

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | | 71530 | 9-16 |
| O.I.P.E. CLASSIFIER | | 25 | 09-22-93 |
| FORMALITY REVIEW | RS | 61730 | 10-7 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| — | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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